

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-675)

SERIAL NO.
10/698715

APPLICANT(S)

FILING DATE
5/5/05

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			2			
7			1			
8			1			
9			2			
10			1			
11			1			
12			1			
13			5			
14			5			
15			1			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.			27			
TOTAL CLAIMS			30			